ANNUAL FINANCIAL REPORT FILING FEE

Fiscal Year Ended June 30, 2007

				ent entity name or mailing to the left is inaccurate, ons below.
			Name of Entity:	
			(1)	
			Mailing Address: (2)	
			(3)	MT 59
2-7-503, MCA must pay a The amount of the filing to	equires that a local government of filing fee at the time it file fee is based on the revenue aby administrative rule (ARM)	es its annual finance amounts of the loc	ial report with the Dep al government entity, a	eartment of Administration. and the Department has
DETERMINATION OF Determine whether you complete the following st	ur local government entity h	nas to pay a filing	fee, and if so, the amou	ant of the fee, please
	evenues from your annual find the back of this page.) Plaine A.		Line A \$	
	e A is less than \$200,000, your es not have to pay a filing for			
determine your filing	e A is equal to or greater that fee from the fee schedule of at amount on Line B.		Line B \$	
Please sign and date this t	Local Gover 301 S. Park P.O. Box 20	epartment of Admi rnment Services B Ave. – Room 340	nistration	
If Line B is greater than \$ required fee.	60, please include a check or	r warrant made pay	yable to "State Treasur	er" in the amount of the
FOR DEPART	TMENT USE ONLY			
Amount Received	Date:		(Signature of A	Authorized Official)
By:		_	(Title)	(Date)

NOTE 1 - Total Revenues

Revenues, as defined by the Administrative Rules, means all receipts of a local government entity from any source excluding the proceeds from bond issuance and other long-term debt. To determine this amount, add the following amounts:

a. From the Statement of Activities (Page 14 on the BARS Annual Financial Report Format) determine the amount of "Total Revenues" from the following elements that make up "Program Revenues" and "General Revenues".

that make up 110gram to vehicle and General to vehicle .				
Program Revenues	Governmental Activities	Business Type Activities	Component Units	TOTAL REVENUES
Charges for Services				
Operating Grants and Contributions				
Capital Grants and Contributions				

Total Program Revenues (Sum of TOTAL REVENUES): \$ (a.1)

General Revenues	Governmental Activities	Business Type Activities	Component Units	TOTAL REVENUES
Total General				
Revenues				
and				
Transfers				

Total General Revenues (Amount reported as TOTAL REVENUES): \$ (a.2)

b. From the Statement of Changes in Fiduciary Net Assets (Page 22 of the Annual Financial Report Format) determine the total additions to the Pension Trusts and Private Purpose Trusts. *Do not include additions to investment trust funds.*

h .	/1_	1	
	(b.	.)	

Total Revenues (Add the amounts determined in "a.1", "a.2" and "b." above. This is the amount to place on Line A on the reverse side of this page).

LOCAL GOVERNMENT ANNUAL FILING FEE SCHEDULE

The following filing fee schedule is required by Section 2-7-514, MCA, and has been adopted as Section 2.4.402 of the Administrative Rules of Montana

Annual Revenues Equal to	Annual Revenues	
or Greater Than:	Less Than:	<u>Fee</u>
\$-0-	\$ 200,000	\$ -0-
\$200,000	\$ 500,000	\$ 200
\$500,000	\$ 1,000,000	\$ 435
\$1,000,000	\$ 1,500,000	\$ 635
\$1,500,000	\$ 2,500,000	\$ 760
\$2,500,000	\$ 5,000,000	\$ 845
\$5,000,000	\$ 10,000,000	\$ 890
\$10,000,000	\$ 50,000,000	\$ 965
\$5,000,000		\$1,000